

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI-
(Other instruction on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC029548 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. A. Russell

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

Grayburg Jackson OGSA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

18-17S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1710, Hobbs, New Mexico 88240

O. C. C.
ARTESIA, OFFICE4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2350' FWL & 1000' FNL (Unit letter C)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3716.8' GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud, run surface csg & cmt

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)*

Well spudded @ 2:00 PM 9/1/74. Drld 12 1/4" hole to 515'. Ran 17 jts of 9-5/8" OD 8rd 32.6# & 36# H-40 csg w/guide shoe & float collar. Set csg @ 513.29', (181.20' of 9-5/8" 36# & 332.09' of 9-5/8" 32.6#). Cmted csg w/250 sx Cl C, 2% CaCl, 5#/sk salt & 1/4#/sk Flocele. No returns while cmtg. PD w/600 psi 9/2/74. Filled 12 1/4" X 9-5/8" annulus w/10 yds readi mix to surface. WOC 24 hrs. Press tested csg to 800# for 30 mins. Tested OK. Drlg. Ahead.

18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Dist. Drlg. Supv.

DATE 9/6/74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side